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ABSTRACT

The negative effects of treatment foster care on the natural children in the foster homes in this study was apparent to foster parents and program staff. The program, William Roper Hull Child and Family Services, was losing some foster families due to the negative impact that the natural children in the foster homes were experiencing. A strategy was designed and implemented to decrease the stress and anxiety experienced by natural children in treatment foster homes and to increase knowledge and perceived support. The strategy was implemented over a three week period consisting of two workshops for the natural children and one workshop for the foster parents. Nine youth, aged 9 to 15 participated in the first session of the natural children workshop. Seven attended the second session. The pretest results of the students who dropped out were not included in the final data. The effects of the strategy were measured by a pretest and a post test questionnaire given to each participant in the study. The observed response to the strategy was favorable in spite of the lack of significant statistical results to support the observations. The strategy increased awareness and knowledge of the subject and motivated program staff and foster parents to pay more attention to the natural children's needs. Appendices include sample surveys, questionnaires, workshop agendas and statistical results. Contains 23 references. (Author/SR)

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Adjustment of Natural Children in Treatment Foster Care

by

Karen Victoria Prosciak

Cohort 6F

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A Practicum Proposal Presented to the
Master's Program in Child Care, Youth Care,
and Family Support
in Partial Fulfilment of the Requirements
for the Degree of Master of Science

NOVA UNIVERSITY

1995

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Mar 7/95 — Date

Karen Proctor — Signature of Student

ABSTRACT

Adjustment of natural children in treatment foster care. Prosciak, Karen V., 1995: Practicum Report, Nova University, Master's Program for Child Care, Youth Care and Family Support. Descriptors: Treatment Foster Care/Specialized Foster Care/Foster Family/Foster Home Breakdown/Foster Homes/Biological Children in Foster Homes/Foster Family Stressors/Adjustments in Foster Care/Foster Care/Stressors in Foster Care/General Foster Care/Retention of Foster Families/Foster Homes.

The negative effects of treatment foster care on the natural children in the foster homes was apparent to foster parents and program staff. The program was losing some foster families due to the negative impact that the natural children in the foster homes were experiencing.

The author designed and implemented a strategy proposed to decrease the stress and anxiety experienced by natural children in treatment foster homes and increase knowledge and perceived support. The strategy was implemented over a three week period consisting of two workshops for the natural children and one workshop for the foster parents. The effects of the strategy were measured by a pretest and a post test questionnaire given to each participant in the study.

The observed response to the strategy was favourable in spite of the lack of significant statistical results to support the observations. The strategy increased awareness and knowledge of the subject and motivated program staff and foster parents to pay more attention to the natural child's needs. Many components of the strategy have been incorporated into training and literature available to foster families. Program staff have made efforts to spend more time informing and supporting the natural children. Appendices include sample surveys, questionnaires, workshop agendas and statistical results.

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CHAPTER 1

INTRODUCTION

William Roper Hull Child and Family Services is a multi-faceted agency that provides a variety of services designed to serve children and families requiring different forms of assistance. The agency provides treatment services for children and youth in the forms of family, individual and group therapy, teaching life and social skills, counselling, play therapy, and remedial and vocational training.

There are four residential programs, two group homes, interdependent living homes, a family-based program, treatment foster care, and a school designed to educate children with exceptional behavioral and emotional needs. One of the residential programs serves children with both developmental disabilities and behavioral disorders. The staff to child ratio is considerably lower than in other programs in order to promote intensive treatment. Families in this program are encouraged to participate in the treatment plan.

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CHAPTER 1

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A second residential program is designed for a similar population of clients, which has a higher level of social and behavioral skills. It is common for children to "graduate" from the first program described into the second one.

A third residential program is designed for children that have exhausted all other forms of help and treatment. The ultimate goal of this program is to teach the client enough community living skills in order to facilitate a successful transition into the community. The program also offers treatment and counselling alternatives for young offenders which are in detention or on probation. At the time of intake many of these children exhibit physical aggression, fire setting and sexual perpetration.

Finally, the fourth residential program is a secure treatment facility that is accessible only by court order. The purpose of the program is to stabilize children and youth that pose and eminent risk to themselves or others.

The school offers special educational programs, vocational training and recreational therapy. The classes generally consist of a teacher, support staff and up to ten children. Additional support staff is available to deal with exceptional behavioral difficulties. Wherever possible the school staff attempts to reintegrate a child into a community school.

A receiving home serves as a short term placement for children requiring only short term care or assessment. The second community based group home attends to a similar population of residential clients as described previously. The primary difference is that these clients are mid to late teens and able to learn community living skills.

Interdependent living was initiated to help provide a safe environment for older teens and young adults diagnosed with developmental disabilities and behavioral problems. The treatment focus is on social and life skills, budgeting, and home management. Generally two clients live in a community apartment with a counsellor.

The family based services program offers short term, intensive skill-based training for up to 45 clients at a time. Child Welfare contracts this program as a final attempt to maintain the family unit intact. Without family based involvement the belief is that the family unit would dissolve with the removal of one or all of the children.

Setting

The foster care program in which this practicum shall take place consists of thirty beds, six of which

are reserved for native children and youth. The program offers specialized foster care that utilizes behaviour modification as its principal means of treatment.

The model of choice offers basic behavior modification strategies that are implemented with emphasis on basic skill acquisition for example, following instructions and accepting "no". Appropriate behaviours are encouraged by means of point cards and motivation systems.

A key component of this program is the extensive amount of training and support that the foster parents receive. They must complete a thirty hour workshop prior to having a foster child move into their home and subsequently complete another one hundred hours of training within the first two years of being a foster family.

Supervisors visit the family weekly and attend child related meetings with the foster parents. A foster family receives twelve hours of cost free relief per month and can access more at an hour rate if necessary. Respite sitters are available either to take the foster child for the weekend or to come into the foster home as requested.

. The children referred to this program have experienced some of the following conditions: sexual perpetration, acting out, aggression, truancy, threat of harm to self and others and substance abuse. For the period 1989 to 1993, reasons for admission and their frequency have been recorded as follows:

TABLE 1

Child Related Problems at Admission

Aggressive towards others	54%
Runs away	50%
Destroys household property	25%
Self-harm risk	16%
Delayed Development/Mentally handicapped	12%
Suicide risk	8%
Defiant of Authority/Out-of-control	4%
Clinically Depressed	4%
Drug or alcohol abuse	4%

* Most children referred have more than one referral issue therefore total exceeds 100%

The children that the foster parenting program serves have been removed from their natural families as a result of child welfare concerns. Family difficulties often result in behavioral, social and emotional issues for the child. The treatment foster parents are specifically trained to work with children with exceptional parenting needs.

The program staff provide extensive amounts of support for the treatment foster parents. This consists

of mandatory 12 hour relief, free coverage to enable the parents to participate in agency events and training workshops and seminars. Each family is given a list of available and trained respite sitters that can take care of the foster children as well as their own children for weekends either in the families home or in the home of the sitter.

The program provides consistency, safety, security and treatment and focuses on working with the natural family of the children and youth in their foster homes. Wherever possible reunification with the natural family is the main objective. Treatment foster parents facilitate reunification by encouraging frequent family visits, providing support and teaching behaviour modification techniques and other relevant parenting skills to the natural parents.

The type of treatment differs with every child and youth. There are short term assessment and receiving services, reunification and long term programs, services for children that are dually diagnosed and a priority to practice cultural sensitivity by placing Native children in Native foster homes and by providing training to the staff to become more culturally aware.

The foster programs main function is to provide treatment to the child in the family and community setting. Close working relationships with the child's natural family, school and with community agencies help to provide comprehensive and complete treatment.

Presently the structure of the program consists of a program director,a program manager, four program coordinators and two program assistants. Each program coordinator is responsible for at least six children and must supervise the foster families in which these children are placed. Generally, there are one or two foster children per home.

The Author's Role in Setting

The role of the program coordinator includes recruiting, interviewing, screening, training, evaluating and supervising the foster parents. The coordinator must be available to the families 24 hours a day by pager or cellular phone. Treatment planning, report writing, crisis intervention, and participating in all meetings relevant to the child (i.e. school, case meetings, therapists) form part of the coordinator's responsibilities. In addition the coordinator must assure that all documentation is accurate and up to date. The coordinator must assure

that each fostering parent has the required training and is meeting the foster care standards as set by the Provincial Government. For example, it is the responsibility of the coordinator to ensure that each new staff member has the opportunity to participate in an intensive pre-service workshop within thirty days of their employment. The program coordinator provides on going in-service training for the families. Supervision services are necessary to provide feedback and support for treatment planning, problem solving and to ensure adherence to the case plan. This is accomplished through a routine service delivery plan.

The coordinator must model a appropriate professional skills and assure that foster parents are familiar with the policies of the program. Weekly meetings and bimonthly observations are also conducted by the program coordinator with each couple in order to ensure that goals are met, procedures are followed and assure that both agency and government standards are met.

Evaluation is another responsibility assigned to the program coordinator. This includes assessing staff (foster parent) skills in treatment implementation and collecting consumer opinions concerning the care

provided, the provider, methodology and treatment results. It is required that the coordinator work effectively with professionals from outside agencies, schools, child welfare, and transition children into and out of the program.

There is a paperwork component that the coordinator must fulfill in order to ensure accountability and demonstrate proper administration and practices. This consists of the documentation of communication, memos, forms, reports, supervision and evaluation reports. Advocacy for the best interests of children, youth and families is an important role of the coordinator.

I have been supervising treatment foster couples for the past year. My experience in residential and family based treatment programs, and participation in a variety of training programs will be assets in this proposed study.

CHAPTER 2

THE PROBLEM

Specialized foster care adds a great deal of stress and anxiety to all members of a foster family. Often the added stressors and responsibilities lead to behavioral, emotional and school related problems of the natural children. Many foster families decide to cease fostering as a result. Currently, little attention is paid to the effects of fostering on the natural children in foster homes.

Most specialized foster homes consist of a fostering couple and at least one natural child. Fostering children with exceptional treatment needs is a very emotionally and physically taxing experience. (Fanshel, 1966) It involves many hours of training, participating in seminars, meetings and workshops.

The children in specialized foster care generally exhibit violent and aberrant behaviours. These behaviours include use of profane language, physical and sexual acting out, aggression, harm to self and others, property destruction, stealing , substance abuse and truancy. Providing treatment and teaching to these behaviours requires much time and energy. Foster parents may become frustrated and physically tired as a result.

The consequence is less quality time devoted to the family unit. The natural child may not receive positive attention during these times. Witnessing or falling victim to these behaviours may also be very stressful and frightening to the natural child.

Often during weekly visits to the foster home, a program coordinator notices that the natural child or children are depressed, upset or report being frightened or wish the foster child would move out of their home. School often reports that the natural child's academic performance or behaviour is deteriorating or truancy or stealing is becoming an issue. In short the natural children in the foster home experience increased stress and anxiety as a result of the fostering process.

Documentation of the problem

Review of current literature suggests that evidence of increased stress and anxiety are evident in a number of areas. Stressors on families are present in as family dynamics are altered, there are increased social pressures, the natural child is effected by the negative behaviours of the foster child, and the

natural child is in the position of coping with separation and loss.

One way in which the family dynamics are altered is when a new member is introduced into the natural family. The number of different relationships in the family increase. A child's place in the family may be threatened. For example, a child may no longer be the youngest or oldest, or be the only male or female child in the home. A child who received attention for being the artistic or athletic may suddenly be second to the foster child. (Wilkes, 1974a)

The time and attention of the foster parents must be divided. As stated previously, there are additional responsibilities such as meetings, paperwork, report writing and training seminars. Most treatment foster children require more time and energy than the average child. Hours may be spent settling a foster child who is tantruming because he does not want to do his homework or may be having difficulty following through with basic morning routines. (Wilkes, 1974a) Soccer games and ballet class may have to be cancelled for he natural child because the parent either has a responsibility to participate in a foster parenting

event or must deal with an acting out or upset foster child. (Ellis, 1972)

All children need to be in a predictable environment to enhance feelings of security. Consistent behaviours of the parent are part of the predictability. The rules regarding relationships, values and culture are often unique norms within a specific family. (Walsh, 1982) These norms are regulated and strive to maintain equilibrium within the family system. Throughout a child's life his parents probably are fairly consistent in their limits and means of enforcing those limits.

When the foster child enters the home, the foster parents are required to learn and implement the chosen behaviour management techniques of their employed agency. (Wilkes, 1974b) These may differ quite significantly from their previous discipline and parenting repertoire.

It is difficult for a natural child to understand the sudden change. Where they once knew what consequence to expect for a misbehaviour, they may be uncertain or confused. Not only may the behaviour management strategies of the parent seem different in

general, it may appear different across children. The foster child sometimes has rules that differ from that of the natural child.

Foster parents report in an article by Ellis, 1972, that they felt guilty towards the foster child if they treated the children differently and guilty towards their own child if they treated the children in the same manner. According to Lemieux, 1984, this is a result of the foster child being viewed as having special needs. In the natural child's view, the foster child may receive more privileges or treats if a motivational system is in place. It is difficult for a child to understand the principles of behaviour modification and why contingencies may need to be more strict with a child in treatment as compared to one who is not.

A biological child may suffer social pressures. When in school, the child may be put in a situation where he feels that it is his responsibility to include the foster child in his peer group and he may feel guilty if he does not. (Poland & Groze, 1993) The foster child may or may not be physically attractive. This could possibly evoke feelings of either jealousy

or embarrassment. (Wilkes, 1974b) A child may feel that the behaviour of the foster child is a reflection of his family and therefore experience added pressures. (Preston, 1992) Studies show that all of these pressures increase as the foster child is nearer in age (less than 3 years), is the same gender, is in the same school or class as the biological child. (Ellis, 1973)

It just may be simply embarrassing to go anywhere in public with the foster child because of behaviours that may result. For example, swearing at foster mom because she will not buy the foster child a candy bar, the foster child gets caught shoplifting and or table manners at a restaurant all may make family outings unpleasant for the natural child.

The social supports, including extended family are an important aspect of many functional family units. They enable the sharing of resources such as employment, babysitting, emotional and monetary support. Absence of these supports may result in maladaptive means of dealing with problems. (Walsh, 1982) Generally, when families foster they spend less time with extended family members and friends. Agency staff, social gatherings and support functions largely

found that of the natural children interviewed, 13% reported being physically hurt and 31% reported being emotionally hurt by their foster sibling. Many natural children have either been sexually perpetrated or physically harmed by an acting out foster sibling.

A study by Preston in 1992 shows that seventy-five percent of the biological children interviewed fear these types of abuse by the foster child. The property and prized belongings of the natural child are stolen or destroyed by the foster child.

On another level, the natural child may feel resentment towards a foster child who is frequently abusive towards the foster parents. (Preston, 1992) He feels guilty that he cannot protect his parents.

As quickly as the foster child is introduced into a home, he may be removed. This can cause a great amount of fear for the natural child. The child may miss the foster child or be concerned for the foster child's well-being. The natural child may question his own permanency in the family if he perceives that a child can be taken out of a family relatively easily. (Kaplan, 1988) Separation and loss may be apparent as the entire family feels the void in the family system

account for a foster families social network. This may be difficult for the natural child as he feels the loss of extended family relationships.

The inappropriate behaviours of the foster child may result in anxiety or stress for the biological child. Children entering treatment foster care have been abused to some extent and exhibit behaviours that may be very disturbing to a child without such an unfortunate past. Treatment foster children are frequently sexualized beyond what is considered age appropriate, they can be verbally and physically abusive, they may attempt to hurt themselves, others or destroy property. Many foster children steal or have criminal records.

Effects of these behaviours on the natural child may be identified at different levels. First, the exposure to previously unknown violence, profane language and sexualized behaviours may be very frightening. The child does not understand why the foster child behaves in such an abnormal or hateful manner.

The natural child may fall victim to the foster child's behaviours. For example, Henry-Baker, 1994,

and again another adjustment must be made. (Thomlinson, 1991)

It has been noted that this issue is more easily resolved if the length of time of fostering a certain child is predetermined. Eastman, 1979, explains that in this way all family members are able to regulate their emotional attachment to the foster child to some extent. Continual transition of foster children creates a state of pressure for the foster family members. (Wilkes, 1974)

In summary, research has identified the following areas as being affected by fostering; altered family dynamics, increased social pressures, anxiety from exposure to inappropriate behaviours and needing to deal with feelings of separation and loss. These areas are of importance because they indicate potential difficulties if not addressed. As Lemieux (1984) states, the natural child's satisfaction correlates with a foster family staying in the system. Therefore, if the foster child views fostering as a negative experience, the family is less likely to continue fostering. Furthermore, Cohen & Westhaus (1990) found that a natural child will often create behavioral

difficulties in order to sabotage the parents intention to accept a foster child into the home or to remove an existing child from the home.

To further support the existence of the problem in the foster care setting, a questionnaire was given to each of the natural children in the study and a separate questionnaire was given to their parents. The questions that the children and youth were asked related to stress and anxiety that they may have been experiencing as a result of becoming a foster family. They were also asked questions relating to facts about fostering and to what extent they feel supported.

Parents were asked their impression of what amount of stress and anxiety their child has experienced since they have began fostering.

Analysis of the problem

Fostering children is a challenging and often complex experience. The recruitment and training of natural families who foster children, advocacy for foster parents and foster home breakdown have all been addressed to some extent. (Babcock, 1965; Pasztor, 1983; Taylor & Starr, 1967; Alderidge & Cautley, 1975; Cautley & Alderidge, 1975; Murphy, 1964; Radinsky,

1970; Trassler 1955; Moorehouse & Sterry, 1994) Surprisingly however, the impact of fostering on the biological children of the foster parents has been poorly researched. It seems reasonable to conclude that a biological child would experience some form of stress when a stranger with behavioral and emotional difficulties is introduced into the fostering family.

Foster parents are often overburdened with the demanding and often chronic difficulties of the foster child. Pressure and constant monitoring of their performance may further direct the foster parent's attentions away from the needs of their natural children. At the present time professionals possess little knowledge of the emotional ramifications of fostering on family dynamics. Consequently, there is nothing in place to identify or address the needs of natural children in a fostering family environment.

Foster children often alter the dynamics of the natural family. It seems as though many of the natural children experience emotional difficulties as a result of the added stressors that are introduced into the family. These stressors include witnessing or being a victim of the foster child's aberrant, behaviours and a

decrease in parental attention. Moreover, problems with the natural child's behaviour often precede the breakdown of the foster home. (Alderidge & Cautley, 1975a) The purpose of treatment foster care is to assist children that are victims of a variety of misfortunes. As the focus of foster parents and professionals in the field is to help children, it stands to reason that efforts should be made to decrease negative effects on the natural children. Helping unfortunate children need not be at the expense of the natural children in foster homes.

When a foster child enters a foster home there are a number of changes in the family system. The family unit consists of a number of interactional relationships and is sensitive to the addition of a new member. In many cases, a new family member may be a positive experience, where after an initial adjustment period, family members are able to grow as a unit. However, when a foster child with behaviour problems suddenly enters a home, family members can experience negative effects, especially the natural children in the home. Many foster placements breakdown because of negative effects on the natural child that are evident

in the form of school related, behavioral or emotional problems.

Interviews were conducted with foster parents and other professionals within the program. They were asked to whether or not they thought that the natural children in the foster homes were experiencing effects as a result of the family's decision to become a treatment foster family, what they thought the negative effects might be, what they believe to be the causes and what they think the program can do to alleviate some of these stressors. The interview form has been included as Appendix A.

All of the individuals interviewed agreed that there are added stressors placed on the natural child in the foster home. However, the foster parents tended to describe the problem in general terms as opposed to describing specific examples of how their children were effected. This may be a result of the parents not wanting to appear to the interviewer as being a "bad" or neglectful parent or perhaps over estimating the comprehension and emotional maturity of their children.

Some parents said that they needed to be more effective in scheduling their time in order to balance

their responsibilities. One foster parent said that when she spends time dealing with the foster child when he acts out she has little energy to do "fun" things with her children. All of the individuals interviewed addressed the fact that the combination of added responsibilities leaves little time for much else and is at times overwhelming. Evaluation, weekly coordinator meetings, case conferences, school meeting, driving to school and home visits, training requirements and other program functions was described as being a fulltime job in itself and that parenting sometimes becomes secondary.

The foster parents described that in theory, the program offers a great amount of support and opportunity for respite and relief, but it is often difficult to schedule relief at a time when it is really helpful to the family and can provide quality family time together. One pointed out that it is easier just to include the foster child in all family activities. Another said that it is expensive to have extra relief and when added to other expenses, a family outing can cost around sixty dollars.

The respondents were asked what they thought the program could do to help alleviate to problem. Having more people available for relief/respite, scheduling training and other meetings more effectively so as to maximize use of time, and adding a support group for the natural children were the most commonly identified solutions.

With reference to support groups, professionals need to provide a forum where the natural children can openly express their concerns, fears and needs, obtain support, learn coping strategies and learn more about fostering. Every effort should be made to ensure that each child is in an environment where he or she can grow and learn emotionally.

A major contributor to the concern is that the present structure of the specialized foster care program does not address the needs of the natural child. Job descriptions of Program Coordinators are very comprehensive and little time is provided for the coordinator to access/address the needs of the natural child.

Program coordinators spend their time and energies ensuring that foster parents are fulfilling their

roles. They monitor the treatment and progress of the foster child and deal with crises. As a result, they do not monitor or address the needs of the natural child adequately. Programs have little in place to help or encourage the natural child to discuss concerns and experiences resulting from the family's commitment to fostering. For example, often when agencies recruit and train a foster family, little consideration is given to including the biological child in the decision making process and little time is taken to explain and familiarize the child with the effects fostering a child will have on his family and what changes/compromises that may need to be made.

A study by Poland and Groze, 1993, states that including children more in the decisions to foster and having pre-training for biological children would help them to adapt more easily to the new situation. Some agencies may encourage natural child input at the interview stage, but when it comes to a specific placement, the natural child is not consulted. What usually occurs is that an immediate placement is needed and a foster family is called to initiate the intake process.

A natural child may suddenly find that he has a sibling to share mom and dad with and include in his peer group. The child has not been given the opportunity to be informed of the foster child, ask questions, offer opinions or voice concerns. (Wilkes, 1971)

Increase in stress and anxiety that natural children experience resulting from altered family dynamics, increase in social pressures, negative behaviours of the foster child and separation and loss issues have all been identified as concerns. It is important that foster parents and foster care agencies recognize the correlation between negative effects on the natural children in the foster home and foster home breakdown, address the issue and prevent its occurrence in the future in order to decrease the rate of foster placement breakdown.

CHAPTER 3

GOALS AND OBJECTIVES

The problem of the negative effects of treatment foster care on the natural children in the foster home has been documented as existing as a result of a number of factors. The effects include altered family dynamics, increased social pressures, the natural child is affected by the negative behaviours of the foster child, and the natural child is in the position of coping with separation and loss. The foster care program in which the practicum shall take place presently has no supports or measures in place that will help to decrease or alleviate some of the stressors that the natural child may be exposed to.

The goal of this project is to help the natural children in foster homes adjust to the fostering experience.

The objectives of this project are:

1) to demonstrate a reduction in stress by having the natural children in this study averaging a higher score on the post test as compared to the pretest on the questions pertaining to stress

2) to demonstrate a reduction in anxiety by having the natural children in this study averaging a

higher score in the post test as compared to the pretest on the questions pertaining to anxiety

3) the children in the study will increase their knowledge of treatment foster care as demonstrated by an increase in correct scores on a fact based post test as compared to the pretest

4) the children in this study will increase their feeling of support as demonstrated by averaging a higher score on the post test as compared to the pretest on the questions pertaining to support

5) to reduce the negative impact of the fostering experience as perceived by the parents of the natural children as shown by a pretest/post test questionnaire

CHAPTER 4

Solution Strategy

Review of the literature reveals the existence of the problem and offers solution strategies. The suggestions consisted of the following; including the natural children in decision making, providing more education to the foster parents and the natural children, including foster parents in policy making, training program staff to work with the fostering family and not just the foster parents, providing support groups, adjusting support worker caseloads to ensure that adequate time is spent with each foster family.

Preston (1992) surveyed the natural children to generate solutions to the problem. The subjects were asked what would help make foster care "work" for them and their family so that they would want to foster for a longer period of time. Responses included involving the natural children in the fostering decisions, providing a support group for natural children, educating natural children in treatment foster care and teaching them how to problem solve foster care related dilemmas. Preston (1992) added the following solutions as well; include a high level of pre-training to the

natural children, educate families on separation, loss and rivalry and recommend that the foster parents prioritized the needs of their children over the fostering process.

Existing programs and models

Almost every study suggested that natural children must take an active role in the family's decision to foster. (Twigg, 1993; Kaplan, 1988; Ellis, 1974; Poland & Groze, 1993) A suggestion by Wilkes (1974) states that consideration of the needs of individual family members should take place when the initial home study is being completed. In this way all possible measures can be taken to ensure that most of these needs are met prior to placing a foster child in the home. Thorough descriptions of expectations, possible crisis, and foster child related issues must be a primary responsibility of the worker and the foster family.

The foster family should be made to feel they are valued and contributing members of the case team from the outset. In another article, Wilkes (1974b) encourages foster parents and workers to be as specific as possible when describing expectations and changes in relation to natural children. It is important for the fostering family to feel that it has some degree of

control over its added responsibilities and compromises.

Perception checks need to occur regularly and sensitivity in planning is required to help the natural children cope. One must keep in mind that each child will react in a different manner and it is essential that the child is able to vent and express his feelings.

Whenever possible, foster parents should allow and encourage some areas of the child's life to remain separate and unchanged by the decision to foster. For example, the natural child should be able to maintain friendships that do not include the foster child. The natural child's relations with friends, sports teams and other activities should not necessarily be shared with the foster child nor should they be interrupted.

Foster parents also need to take responsibility for ensuring that they are aware of their reasons for fostering and of the added stressors and responsibilities. They need to be sensitive to their children's needs and the treatment needs of the foster child. They must balance these needs when creating household rules and routines.

Foster parents must educate themselves as much as possible in all aspects of fostering. The study by Poland and Groze (1993) also suggests that training the natural child will be helpful and make the situation less stressful for all family members. They also agree that foster care workers need to spend more time with the biological children. Finally, and most importantly foster parents must take the time to nurture their relationship and the relationships they have with their natural children.

Twigg (1993) suggests that the rights of foster parents need to be forefront. Presently treatment foster parents are not always regarded as being part of the process and the concentration is generally on revising and updating the responsibilities of the foster parent. Accepting the foster parents as contributing professionals will help to ensure that their needs and the needs of their children are being met.

The research concludes that more study is required in this area and the following recommendations were made regarding foster care policy and practice. Foster care needs to be recognized as a profession and we need

to be aware that financial reasons are the primary motivation for families to foster. Higher wages would attract more foster families and therefore lighten the burden of ongoing recruitment. With a greater selection of foster families, program staff would be in a better position to devote their expertise to the negative effects of fostering on a natural child.

Agencies, child welfare workers and supervisors must be trained to work with the foster family and not only focus on training foster parents in order to implement treatment programs for the foster children.

It is suggested that caseloads of workers and supervisors be determined in such a way that a worker is able to spend time and work with all members of the treatment foster family.

Recognition and support for natural children must be a continuous focus and support groups for fostering families are essential. There should be foster family recognitions as opposed to foster parent recognitions.

Both relief time, individual and family therapy is are important. A family that fosters is placed under a great amount of risk, therefore the agency needs to

share that risk, and the possible repercussions the family may experience as a result of fostering.

Ellis, 1972, stated that extra support be available to the natural child. Focus on the adjustment of the natural children is necessary and the worker must help each family member establish and maintain a place within the new structure of the family. Considerations of gender and age differences between foster children and the nearest aged natural child, must not be excluded.

Strategies such as providing an open and safe environment for the natural children to express their feelings and concerns regarding fostering, affording special time for the natural child to spend with his parents, and taking the time to explain and address the resulting feelings of fostering are all recommendations that Ellis generated as a result of her 1972 study on group home foster parents and their children.

Removal of foster children, treatment fostering breaks and therapy, should be encouraged and supported by the agency and child welfare workers in order to protect and preserve the family unit. These should not be done in a punitive manner, but rather proactively

and supportively. If a family decided to stop fostering, then support services provided by the agency should be decreased gradually.

Henry-Baker (1994) also listed many strategies that a agency, child welfare worker or supervisor make engage in order to decrease the amount of stress experienced by the natural children in treatment foster homes. Survey the foster parents to determine what they perceive as being the strengths and weaknesses of the program, develop a training workshop for the biological children, provide support groups, train workers to consider and work with all foster family members and not just the foster parents, include natural children in all fostering decisions, do not place too many children in one foster home, be considerate of the foster families privacy and need to spend time away from the program and foster child, keep them informed of foster care developments, encourage the foster families to voice their opinions even if they differ from those of the agency, acknowledge and build on their strengths, match foster children whenever possible and make communication a priority are all suggested by Henry-Baker (1994).

Of the proposed solutions, some are more realistic to implement than others. For example, to increase wages paid to foster parents would be difficult from the programmatic level because wages are determined by the government. Budget cuts are occurring across all programs within the system, therefore it would be unrealistic to count on higher wages for the foster parents. Decreased caseloads of the foster care supervisors and support staff would result in higher per diam rates per foster child and would be equally unfeasible.

Foster care associations exist and are allowing more foster parents to become a part of the policy planning. This is a slow process, but its results empower foster families.

Proposed solution strategy

Some solution strategies are more viable for foster care programs. Adding a component to the pre-service workshop that would help educate the foster parents of the possible negative effects on their children can be done relatively easily. Adding a workshop for the children and providing a support group are possible solutions. Training program staff to

focus on the fostering family rather than solely on the foster parents is a positive step that almost any foster care program can easily initiate.

In order to fulfill the goal of reducing the stress and anxiety experienced by the natural children in a treatment foster home and to enable the natural children to feel more comfortable with treatment foster care, a number of steps were accomplished. Information of foster care, education of effective communication strategies, separation and loss and support was the primary focus. This approach was chosen as opposed to other previously mentioned options because it was relatively inexpensive to implement in terms of materials, resources and time. It was also the most frequently recommended approach in the literature. (Preston, 1992; Wilkes, 1974b; Poland and Groze, 1993; Ellis, 1972; and Henry-Baker, 1994)

The first step of the implementation plan was to develop a questionnaire that was distributed to the natural children between the ages of seven and eighteen in treatment foster homes. The questions assessed the levels of stress and anxiety that the children experienced as a result of having foster children live

in their family home. Questions regarding support and knowledge about fostering and the foster care process were also included. See Appendix B.

Concurrently, a questionnaire focusing on parental awareness of children's needs was developed for the parents of the children who participated in the study. See Appendix C.

The next step was to develop two, two hour training/support session for the natural children that included the following components; information on the history of fostering, the program's philosophy, reasons for fostering and responsibilities of foster families.

The next area addressed information regarding foster children and how fostering may affect the child's home and family life. Finally, the areas of separation, loss, abuse and communication between parents and child were discussed. The rationale for including these solution strategies was based on the recommendations of Preston (1992) and Henry-Baker (1994) that outline the suggestions of foster children as to what they would like to be more informed about. Specific areas were suggested as being necessary components of any program designed to help the natural

children in foster home feel less anxious and stressed and view the fostering experience as more desirable.

Once the planning was completed, the questionnaires were distributed and the sessions took place on a biweekly basis. The initial questionnaires were administered again as a post test and the results were tabulated.

The writer designed and implemented the proposed solution strategy. Foster parents of the natural children consented to their children participating in the study. It was also a requirement that the parents provide transportation for the child to the training/support sessions. The program manager and program director approved the solution strategy. There were no costs to the program.

Recommendations regarding prospective direction and program technology were made to the program.

Implementation plan

Week One:

a) The author requested assistance from the program manager and the program director to review information and help develop the questionnaire

b) The author formulated questionnaires for natural children and foster parents

c) The author surveyed additional professionals in order to gather more information

Person Responsible: The author, program manager and program director constructed the questionnaires and the author conducted the necessary interviews

Week Two:

a) The author obtained written consents from all parents whose children were expected to participate in the study

b) The author obtained written permission from the program manager and the program director to administer the plan

c) The author set a calender for the sessions and reserved the required rooms

Person Responsible: The author of the practicum proposal was responsible

Weeks Three and Four:

a) In consultation with program staff, the author planned out in detail the two - two hour sessions that were administered to the natural children

b) The author planned out in detail the one hour session directed at the foster parents

Person Responsible: The author was responsible for planning the sessions

Weeks Five to Ten:

a) The children's sessions were implemented by the author. Session one included the pretest questionnaire and session two ended with the post test questionnaire

b) The author implemented the parent session beginning with the pretest questionnaire and ending with the post test questionnaire

Person Responsible: The author of the proposal, with the assistance of the staff of the program was responsible

Week Ten:

a) the author collated the data results and made recommendations to the program

Person Responsible: The author of the practicum proposal

CHAPTER FIVE

RESULTS

Through discussion and observation it was possible to identify stressors that effect the natural children in treatment foster homes at the practicum agency. Based on a review and analysis of relevant literature, there is evidence that natural children experience stress and anxiety as a result of having treatment foster children in their homes.

Prior to implementation of the practicum, several treatment foster parents and treatment supervisors noticed that the natural children were experiencing stress and anxiety. It was acknowledged by both groups that the program offered little in terms of education and support for the natural children.

The implementation plan was conducted according to the proposed plan for the most part. However, a few changes were made. First, the author requested assistance from the program manager and the program director to review information and help develop the questionnaires. Additional professionals were surveyed in order to gather more information.

The author planned out in detail, the three - two hour sessions that were to be administered to the

natural children and a one hour session directed at the foster parents. During weeks five to ten were the children's sessions were implemented by the author. The sessions went as planned for the most part, however, the material was covered in two sessions and not three. Session one included the pretest questionnaire and session two ended with the post test questionnaire.

The author implemented the parents session beginning with the pretest questionnaire and ending with the post test questionnaire. Discussions of personal experiences and problem solving strategies were also included as topics.

During the final week of the implementation period the author collated the data results and made recommendations to the program. The results of the proposed solution strategy are as follows.

Results for Practicum Goal

Out of a possible twenty-four children and youth that were invited to participate in the study, only nine children and youth were present at the first session. Seven attended the second session. The subjects ranged in age from nine to fifteen years of

age. The nine and fifteen year olds that dropped out were not given the post test and therefore the results from their pretests were not incorporated in the final data.

The purpose of the project was to demonstrate a decrease in stress and anxiety and an increase in the perceived support and knowledge of fostering of the natural children in the foster homes in the program. The pre and post results indicated that the children reported to feel an increase in the frequency of feelings of stress, a decrease in anxiety, a decrease in the perception of knowledge regarding fostering and finally a decrease in the amount of support that the children felt they receive. On all of the questions the subjects were asked to rate their comments on a scale of one to five, where one was "rarely or none of the time and a rating of five indicated "most of the time". The desired statistical results were not obtained.

Results for objective one

The first objective was to reduce the stress experienced by natural children as measured by a pretest/post test instrument that was designed for this

study. On the pretest the average rating for the five stress related questions was 1.95, but the average rating for the questions increased to 2.12. Five scores increased while one remained the same and one decreased. Scores ranged from one to five on both pre and post tests.

Results for objective two

The second objective was to reduce the anxiety experienced by natural children as measured by he pretest/post test instrument designed for this study. On the pretest the average score for the four anxiety related questions was 1.96 and on the post test the average score decreased slightly to 1.85. The scores ranged between one and five. One score indicated an increase in anxiety, two remained the same and four showed a decrease in anxiety.

Results for objective three

The third objective for the study was to increase the amount of support children and youth perceived that was available to them. On the six questions pertaining to perceived support on the pretest the average score was 2.83. On the post test the average score decreased slightly to 2.38. The averages of individual scores

showed that three of the children felt more supported after attending the group sessions while four indicated less felt supported. The range of scores for all questions was 1-5.

Results for objective four

The fourth objective for this study was to help the children increase their knowledge of fostering. The pretest scores indicated an average of 4.65 on the seven questions pertaining to knowledge of fostering while the post test average on the knowledged based questions was lower at 3.81. The range was one to five and the average scores for three children rose, two stayed the same and two decreased.

Results for objective five

The final objective for this study was to reduce the negative impact of the fostering experience as sensed by the foster parents of the natural children in this study. Of fifteen possible couples, only five brought their children. Of the five that completed the consent forms and the pretest, only two attended the two hour seminar offered for the foster parents to share information and discuss the effects of fostering on their children. It is noted that two subjects is

too few to draw any conclusions, however specific observations were made.

Of the two parents that filled out the questionnaires it appeared that they accurately rated the amount of stress and anxiety that their children feel. On the stress related questions, Parent A scored an average of 2.66 on the pretest and Parent B scored 2.00. The post test score of Parents a was 2.50 and parent B was 1.90.

On the anxiety questions Parent A average score was 2.25 on the pretest and Parent B averaged 1.25. The post test scores were 2.20 for Parent A and 1.30 for Parent B.

Parents over estimated the extent to which children can discuss their concerns of fostering with their parents. Parents averaged a rating of 3.66 while their children averaged 2.5 on the same question. The overall average for the support related questions for parents A and B were 4.33 and 4.66 respectively on the pretest and 5.00 and 4.50 on the post test.

Parents also felt that their children were knowledgable about fostering. Parent A scored 4.00 and Parent B scored 3.80 on the pretest and both scored

5.00 on the post test while the children's averages were 3.68 and 3.50 on the pre and post tests. Both the parents scored 3.00 on the question that ask if fostering has had a positive effect on their children.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

The solution strategy attempted to address the effects of treatment foster care on natural children in foster homes by focusing on the areas of stress, anxiety, knowledge and support. A pretest/ post test measure was proposed to demonstrate a decrease in stress and anxiety and an increase in knowledge of fostering and perceived support following the implementation of support and information workshops.

The final objective was to increase the foster parents awareness of the effects of treatment foster care on their natural children. This was measured by administering a pretest/post test questionnaire and offering a two hour workshop. The purpose of the workshop was to inform the parents of the effects of fostering and to facilitate discussion focusing on the experiences of their natural children and strategies of how to better support their natural children.

Review of outcome results

As described in chapter five the results of the questionnaires in this study did not demonstrate significant effect of the solution strategy. Therefore based on the statistical information none of the

objectives were met. However, the individual results of some of the subjects and the general observations made by the writer during the course of the implementation phase indicate that the effects of the solution strategy were positive to an extent. Therefore one can conclude that the practicum goal has been positively impacted.

Although it is difficult ascertain the precise reason for the lack of significant statistical data to support the desired treatment effect, it can be attributed to a number of factors. Instrument reliability, sample size, true population representation, workshop format and length of the intervention all may be responsible for lack of positive statistical support.

In terms of instrument reliability, there are a number of possible factors which effected the results. The instrument was created for this study, therefore the reliability of the questionnaire is unknown and may have effected the results. Also, the instrument may have been misleading. The wording of the questions in the knowledge section asked the children and youth about their perception of their knowledge as opposed to

asking knowledge based questions. Even if some of the participants had actually become more knowledgable regarding fostering, their perception may have been that there is still a lot that they do not know about fostering.

The small sample size may have effected the results. Seven children and two adults is not sufficient to draw conclusions. For example, the average scores indicate either no significant change or the opposite desired effect. The number of parents filling out questionnaires was only two, hence valid statistical evidence is not likely.

The sample of subjects may not have been representative of the population. Three of the subjects have one parent who is a program staff in addition to being a foster parent. It is possible that the increased knowledge of fostering that the subjects' parents had effected the attention the children received and manner in which the parents supported their children.

The pretest results of the stress and anxiety sections were fairly low to begin with. They were 1.95 and 1.96 respectively. It is possible that the

subjects were not experiencing a significant amount of stress and anxiety at the time the pretest was administered.

The age range of the group of children in the studies was nine to fifteen. This range seemed to be too diverse to successfully engage members in discussion of relevant issues. Most participants offered opinions but were reluctant to engage in detailed conversation. It was observed by the writer that the issues that were relevant to the younger children such as sharing toys and intimidation by the foster child did not concern the older children. The older children were more concerned by the way that the foster child spoke to their parents and feared being embarrassed by the foster child's behaviour in public.

Two possible solutions to remedy this would be to either run the sessions separately for adolescents and pre adolescents or to have more adults facilitate the group so that subgroups can be formed during discussion times. This would hopefully provide a safer and more conducive environment for the natural children to share their feelings and concerns.

The number of sessions may not be enough to positively impact the subjects. Perhaps more information, discussion and relationship development between the participants and the writer would have impacted the results more significantly.

Another factor effecting the results may have been that the subjects were aware of the fact that the writer works closely with their parents. Perhaps they were worried that their questionnaire results would not be kept confidential.

The lack of participation on the part of foster parents in spite of the verbal affirmation as to the necessity of this service suggests another issue that must be addressed prior to attempting to resolve this issue within the program. Participation and attendance at program events and services offered to the foster families may require attention. Even if a program offers useful, high quality supports, these will be ineffective if families do not attend and participate.

Possibly conducting groups in more accessible locations such as foster homes or more convenient times such as weekends. Maybe offering an incentive such as extra relief may increase participation in the groups.

In spite of the lack of significant statistical evidence for the desired treatment outcome, all of the children and youth that participated in the study spoke favourably of the workshops to either the writer, their parents or their supervisor. Two children made suggestions for future groups and one offered to be available to the natural children of new foster families to answer questions and provide support.

Implication of results and outcome

Since implementation, the awareness of the effects of fostering on natural children has been raised. There is more discussion on possible matches for the foster family with attention on the ages of potential foster children and possible effects on the natural child.

Another positive effect of this project is the increased awareness of program staff of the effects of fostering on the natural children in the foster homes. Many ideas were generated as to how program staff can help reduce stressors during their interactions with the foster families. For example, staff agreed to work more with the foster family as opposed to just the parents, a suggestion that is consistent with Twigg

(1993) and Henry-Baker (1994). Supervisors will now incorporate a section into their weekly consultation agenda to speak to the natural children about concerns and offer suggestions and support.

Consistent with Alderidge and Cautley (1974a) some parents agreed that stressors that they perceived their child(ren) to be experiencing were compelling them to re-evaluated their decision to foster. One family stated that they were not going to foster any longer because of the negative impact that their daughter has experienced since the foster child has moved into their home.

In the past, the program usually encouraged parents to discuss the decision to foster with natural children. Now more of an effort is made by the interviewer to meet and speak with the child(ren) and answer any questions the child(ren) may have. This is a strategy consistent with one made by Wilkes (1974).

The final outcome of the solution strategy includes information and support workshops and an information booklet for parents and natural children of treatment foster children in the program. As per the suggestion of Poland and Groze (1993) it is recommended

that workshops are incorporated into the mandatory preservice workshop that prospective foster parents must complete.

More study is advised prior to making any significant programmatic changes. The author will suggest to the program that a more comprehensive study be implemented in the near future. Hopefully an appropriate instrument with proven reliability will be identified.

Conclusion

The final results of this study are inconclusive. The subjects did not report a significant decrease in their stress and anxiety nor an increase in their perceived support or knowledge. Not enough parents participated in the study to draw any conclusions.

Observations and verbal feedback indicate that there seems to be just cause to study this topic further and possibly devise another plan to determine what measures are necessary for a program to undertake to alleviate the problem.

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APPENDIX A

Parent\Colleague Interview Form

APPENDIX A

Interview Questions for Colleagues

Regarding the Effects of

Treatment Foster Care on the Natural Children

1) How do you perceive treatment foster care to effect the natural children in foster homes?
2) List specific examples of these effects.
3) Why do you think that this is occurring? Why do these effects exist? i.e. system, program
4) What do you think your program can do to help alleviate the problem?

APPENDIX B

Child Questionnaire

NAME:_____

AGE:_____

CHILDREN'S QUESTIONNAIRE

The purpose of this questionnaire is to learn about your experience being part of a foster family. Please answer each question as accurately and as truthfully as possible by putting the most appropriate number beside each statement. Your responses will be confidential.

1 Rarely or none of the time
2 A little of the time
3 Some of the time
4 A good part of the time
5 Most of the time

PART I

___ 1) I am nervous now that my family has a foster child.

___ 2) I am jealous of our foster child.

___ 3) I feel that there is more tension in my family since _____ has moved in.

___ 4) I feel afraid when _____ is verbally abusive towards my parents.

___ 5) I feel troubled because it seems like _____ gets away with bad behaviour more often than I do.

___ 6) It bothers me that _____ gets more attention than me.

___ 7) I am worried that I have lost my place in my family since_____ moved in.

___ 8) I am nervous to go out in public with _____ because he/she may embarrass me.

___ 9) I am scared that _____ will be taken from our family.

___ 10) I spend one to one time with my mom or dad.

___ 11) I can talk to my parents about my concerns of fostering.

___ 12) I can talk to my coordinator about my concerns of fostering.

___ 13) I can talk to my teachers about my concerns of fostering.

___ 14) I can talk to my foster brother/sister about my concerns of fostering.

___ 15) I can talk to other family members or friends about my concerns of fostering.

PART II

Please answer each question as accurately and truthfully as possible by putting the most appropriate number beside each statement.

1 Strongly agree
2 Agree
3 Neither agree or disagree
4 Disagree
5 Strongly disagree

___ 1) I have a lot of questions I have regarding fostering.

___ 2) I don't understand why social workers and foster parents give extra attention to foster children.

___ 3) I understand the reasons why a foster child needs to live with a foster family.

___ 4) I understand the role of the child welfare worker.

___ 5) I know what Hull Home is all about.

___ 6) I am aware of what my parents responsibilities are as foster parents.

___ 7) I know why my family decided to be a foster family.

APPENDIX C

Parent Questionnaire

PARENT'S QUESTIONNAIRE

The purpose of this questionnaire is to see how you feel fostering has impacted your children. Please answer each question as accurately and as truthfully as possible by putting the most appropriate number beside each statement. Your responses will be confidential.

1 Rarely or none of the time
2 A little of the time
3 Some of the time
4 A good part of the time
5 Most of the time

___ 1) My children experience stress as a result of fostering.

___ 2) My children experience anxiety as a result of fostering.

___ 3) My children are afraid of the verbal and physical abuse of the foster child.

___ 4) My children are able to tell me their concerns of fostering.

___ 5) My children are jealous of our foster child.

___ 6) My children know what fostering is all about.

___ 7) My relationship with my children has suffered since we became a foster family.

___ 8) My children are nervous to go out in public with our foster child because he/she may embarrass them.

___ 9) My children feel supported.

___ 10) Fostering has had a positive effect on my children.

___ 11) My children are tense since we began fostering.

___ 12) The responsibilities of fostering seem to put pressure on my children.

APPENDIX D

Agenda: Children's Sessions

Natural Children's Sessions

Adapted from Henry-Baker (1994)

SESSION I:

What Is Fostering?

A. Facts about fostering

B. Reasons for fostering

C. Agency Overview - First Choice history and overview

D. Responsibilities of foster families

The System.

A. How children get into the system

B. Roles of people in the foster child's life

C. Experience of foster child as a result of being away from their family

D. What is the natural child's role?

SESSION II:

The Foster Family's Home.

A. What are my families rules?

B. What do these rules do to help us?

C. How does the foster child fit in? / Do they want to?

D. What do you tell friends, neighbours and relatives?

The Foster Child's Feelings.

A. How does it feel to be away from your family?

B. Sense of belonging - attachments and connections

C. How do they feel and behave?

D. Grief cycle.

E. Anger.

Talking About My Feelings.

A. Our feelings

B. Abuse - Physical, sexual, emotional

C. Personal space / privacy

D. Communication

E. Confidentiality

Different Strokes For Different Folks.

A. Different types of families.

B. Adoption

C. Different cultures / cultural diversity

Sharing With Parents.

A. Brainstorm questions and answers

B. How do you ask your parents questions?

C. How do you raise a concern with your parents?

D. Who else can you raise your concerns with?

E. How do you do it?

APPENDIX E

Agenda: Parent's Sessions

PROBLEM AREAS AS IDENTIFIED BY FOSTER CHILDREN

- by Carolyn Preston, 1992

1) CONFLICTS
2) GRIEF AND SEPARATION
3) MISTREATMENT TOWARD PARENTS
4) EMBARRASSED BY FOSTER CHILD'S BEHAVIOUR
5) FEAR
6) STEALING
7) JEALOUSY
8) WORRY
9) FAVOURITISM
10) THREATENED

STRESSORS OF FOSTER FAMILIES

1) Family dynamics are altered.

2) Increased social pressures.

3) Natural child effected by the negative behaviours of the foster child.

4) Natural child in the position of coping with separation and loss.

NATURAL CHILDREN'S SUGGESTIONS TO HELP ALLEVIATE STRESSORS

- by Carolyn Preston, 1992

1) Look for ways to prevent stealing.
2) Include foster children in placement process.
3) Sponsor a support group.
4) Have a special night of training just for the natural kids to inform them of possible problems and how to resolve them.
5) Identify way to help natural children cope with placement problems as is done with the foster child.

OTHER POSSIBLE SOLUTIONS:

1) Do more preteaching with the natural children.
2) Listen to the natural children and respect their input on the placement.
3) Teach natural children about grief and separation.
4) Prioritize the needs of your own children.
5) Whenever possible, foster parents should allow and encourage some of their child's life to remain separate and unchanged.

6) Be aware of your reasons for fostering and the added stressors and responsibilities.

7) Be sensitive to your children's needs and the treatment needs of the foster child. Balance these needs when creating household rules and routines.

8) Make a point of spending quality family time together WITHOUT the foster child.